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UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

PEER NAVIGATOR PROJECT KENYA

MID-TERM EVALUATION REPORT



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Introduction

The Peer Navigator Project (PNP) is a collaborative research project, that brings together researchers and community partners in Kenya (Eldoret/Huruma & Kitale) and Canada (Toronto, London, Vancouver) to explore and evaluate the use of peer supports to increase street connected youth's (SCY) access to HIV and AIDS prevention, testing, and treatment.

A community partner in each site employs one to two Peer Navigators (PN) who are young people with lived experience of being street connected. In Toronto and Vancouver, the PNs also identify as 2SLGBTQ+. The study is funded by the Canadian Institutes for Health Research (CIHR). It started in 2018 and will run until 2024.

Following a mixed methods design, **Phase 1** of the study assessed the acceptability and appropriateness of the PN intervention with the targeted populations through consultations with SCY, health care providers, and community stakeholders in each of the study sites.

Phase 2 of the study follows the PNs as they support SCY. Regular evaluations assess whether the PN intervention is feasible, satisfactory, and ethical. Further evaluation seeks to identify if the PN helps SCY living with HIV start and stay on antiretroviral therapy (ART), and if the PN intervention is equitable and sustainable across all sites.



The PNP project was headed by the late Dr. Paula Braitstein, whose life work was dedicated to improving the health and well being of SCY in Kenya and globally.



The lead investigator is now Dr. Alex Abramovich, Independent Scientist at the Centre for Addiction and Mental Health and Associate Professor at the Dalla Lana School of Public Health, University of Toronto.



Kenyan site Principal Investigator: Dr. David Ayuku, Professor of Clinical Psychology at Moi University.

Background

Street connected youth and young adults (SCY) are people between the ages of 16-29 years who spend the majority of their days and nights on the streets. In 2016, close to 2000 youth were reported to be street connected in Uasin Gishu County (Embleton et al., 2018). However, it is likely that this number is much higher today given the environmental, social and financial challenges that have impacted local and global economies. SCY experience poor health outcomes.

Challenges include:

- Inadequate diets and malnutrition (Braitstein et al., 2013).
- Decreased mental health, including Post Traumatic Stress Disorder (PTSD), depression, anxiety, and suicidality (Omari et al., 2021).
- Elevated rates of gender-based violence are elevated and reproductive and sexual health is poor (Wachira et al., 2016).
- High risk and survival sexual activity contributing to STBBIs and HIV being a leading causes of death for young women (Embleton et al., 2018; Winston et al., 2015).
- Multiple barriers to accessing healthcare (Khan et al., 2022).

There is an urgent need for accessible and affordable healthcare for SCY (Embleton et al., 2021).

One way to improve SCY access to healthcare is through PN (Shah et al., 2019). PNs connect with those they support through shared experiences. They meet SCY where they are at and provide referrals to a broad range of services and supports. **The PNP is engaged in identifying what is needed to adapt and scale-up the delivery of PNs for SCY to effectively reach these marginalized and at risk populations.**

Key aspects of the PN role as determined in Phase 1 (Lee et al, forthcoming):

-PN should be employed in an organization that can provide a supportive, inclusive environment with high-quality supervision and opportunities to debrief about their work. PNs also require access to role-specific training, and mentorship.

- The PN should be committed to their role, exhibit a high degree of empathy and interpersonal skills, be knowledgeable about SCY and HIV testing, prevention and treatment. Notably, while Phase 1 results identified lived experience with homelessness as a key for the PN, living with HIV was found to be a positive but not required attribute for the role.

- PN tasks include but are not limited to: non-judgemental support to address the impacts of HIV stigma, HIV education, outreach to SCY who have fallen out-of-care, accompanying SCY to appointments, making health and social service referrals.

PN Activites & SCY Research Engagement

The PNs in Kenya operate out of AMPATH clinics in three sites: (1) Rafiki clinic in MTRH, **Eldoret**; (2) **Huruma** Sub-district Hospital; and (3) **Kitale** County Referral Hospital. In each site PNs collect data with consenting youth participants. Below is a description of the SCY the PNs have been supporting between March 2021 and April, 2023:

Across the three sites, the PNs have enrolled 622* SCY and completed 2587 follow up encounters with 96.8% of the participants. Just under half (41.5%) of the participants are young women. Most participants sleep in informal shelters or barracks (n=257/41.3%) and have been living on the street for five or more years (n=260/41.8%). One quarter (25.4%) of participants are double orphans. They have no income (73%) or work casual labour (26%). While participants move frequently, most Eldoret (20%) and Huruma (63%) participants originate from Uasin Gishu county. In Kitale, most participants (55%) report coming from Trans-Nzoia county. In the Eldoret and Huruma sites, the mean age of participants is 23 years. The participants in the Kitale site are slightly younger with a mean age of 19 years.

Common referrals provided by the PNs



- HIV/AIDS education
- HIV testing and counselling
- HIV prevention



- Food and nutrition



- PMTCT
- ANC



- Employment
- Education



- Adherence counselling
- Disclosure counselling



- Addiction support



- Mental health services
- Conflict resolution



- Family reconciliation



- Health care



- Clothes and sanitation
- Housing




- Dental care



- Support groups

*Note: These data reflect only the SCY who consented to participate in the research. The PNs work with other SCY who are not presented in these tables and figures.



The PN project my feedback is, especially in Trans-Nzoia, it is one of the best initiatives that I have ever seen.

Because HIV treatment initially, there was a gap because the street kids initially they were in a dilemma, they don't know where to go and get treatment the hated education there was a gap also.

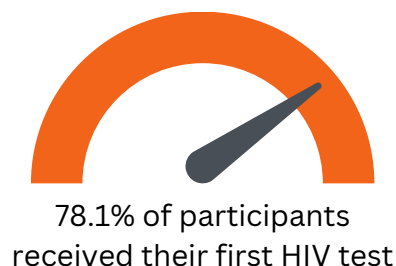
So, the Peer Navigation Program came in, it is one of the best because I have witnessed more than enough of the street kids coming here for the treatment, more than enough of them being enrolled even on PEPs and more of them coming for condoms and it is really helping.

- Healthcare Provider, Kitale

Impact on the HIV Care Cascade

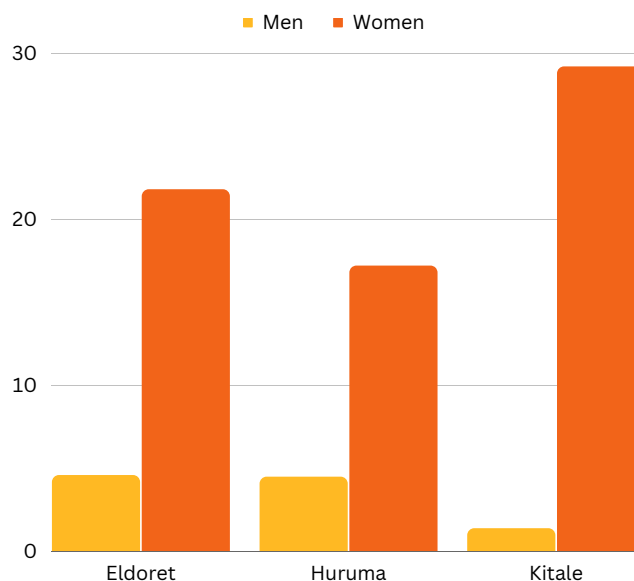
HIV Testing

At baseline, 60 participants (9.6%) were living with HIV and 235 (37.9%) did not know their status. Despite country-wide shortages in HIV tests, PNs were able to link 470 SCY for re-testing and 182 participants for first time tests. As a result, seven participants were newly diagnosed and linked to care.



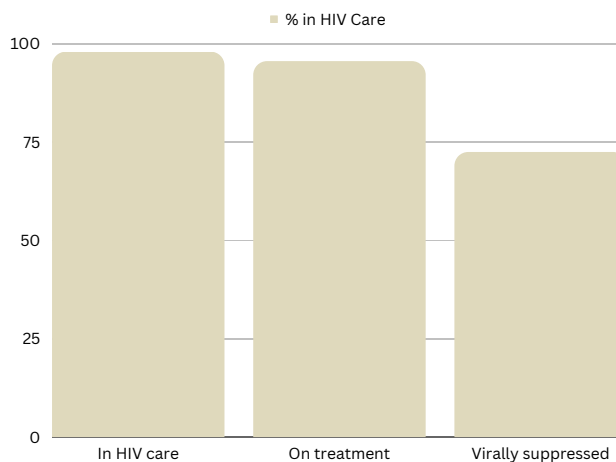
HIV Prevalence (%)

HIV prevalence amongst the participating SCY is 10.8%. In the Eldoret and Huruma sites, prevalence is between 12-13%. The Kitale site has a lower reported prevalence of 5.3%. In all sites, young women are disproportionately infected by HIV. In Eldoret, women are over four times more likely to be living with HIV. In Kitale, the prevalence amongst young women is 29.2% and only 1.4% for young men. This inequity must be interpreted in light of gender inequality and gender-based violence (Embleton et al., 2018).



HIV Treatment

The PNs arrange for SCY to come to clinic for treatment, or they bring treatment to SCY. These strategies have made HIV treatment more accessible and sustainable. Based on self-reported data, over 97% of SCY living with HIV are in care and 95.5% are on treatment. Among the 29 SCY who knew their viral load, 72.5% were virally suppressed [1].



1. Future data collection on treatment and viral suppression will include consulting AMPATH medical records

Methods

The Kenyan site mid-term evaluation was conducted over four weeks between October and November, 2022. Following a mixed methods design, interviews, focus groups, and surveys were used to assess the effectiveness of the PN intervention. A total of 43 participants were consulted including SCY, PNs, healthcare providers and community stakeholders from all three project sites (see Table 1).

Interviews were conducted in Swahili or English. All transcripts were translated into English prior to analysis. Inductive analysis was used to thematically organize the qualitative data, using NVivo software. Quantitative data was analyzed using basic statistics.

Table 1: Number of evaluation participants by site

Site	PNs	Healthcare Providers	Community Stakeholders	SCY
Eldoret	2	3	3	9
Huruma	1	3	4	8
Kitale	1	3	2	7
Total	4	6	6	24

Reflections on the PN Role

Community Stakeholder and Healthcare Provider Responses

Item	Response (% agree or strongly agree)
I feel the PN intervention is providing a useful service	100%
I feel comfortable referring SCY to the PNs	93%
The PN intervention integrates well into the network of health and social services in your region	100%

Reflections on the PN Role

Street-Connected Youth Responses

Item	Response (% agree or strongly agree)
The PN intervention has increased my access to HIV and AIDS services	96%
The PN is someone I can trust	100%
My interactions with the PN have been helpful	100%

"I met [The PN] at California, on the streets...She found me sitting on the floor, crying, and she asked me why. I told her I tested positive yet I had been faithful to my partner. She then counselled me and advised me to start on medication. So, we went together to referral hospital where I was given more counselling and started on medication"

-Street-Connected Youth, Huruma

Successes and Challenges



Key Successes:

PNs expedite care access for SCY, optimizing the flow of clinical services for the greater community; Improved retention and reinitiating of youth lost to follow up; Increase in HIV knowledge and prevention amongst SCY, including PReP; Increased ANC and PMCTC care; Linkages to social services.

"[The PN] asked where I take my medication from, I told her referral, however, I had defaulted. [The PN] counselled me and promised to help when I visit the facility at Huruma and since then I have not defaulted in taking my drugs."
-SCY, Huruma



Challenges:

When tracing SCY, PN need to travel long distances with limited/no financial support for transportation; PNs manage large caseloads of SCY with complex needs and sometimes feel pressure to support youth with their own money; Role clarity and communication with AMPATH supervision; Substandard and/or limited work space; Stigma towards SCY, PN safety; Lack of condoms and HIV testing, Scarcity of social supports.

"I don't think the peer navigators are being treated well in Ampath, have you see where [the PNs] sit? Have you seen there? That is not an office. That is like a verandah and then they put something, I don't know why they are doing that, because they are dealing with street children or ...that is the community perception I was talking about. Personally I don't think the environment they are working is very conducive."
-Community Stakeholders, Eldoret



Unique Role:

The PN do outreach to the streets to meet SCY in order to connect youth to testing, initiation to care, and follow up; PNs advocate for SCY in the face of stigma and manage fee waivers; PNs build special relationships with SCY, which enables emotional and social support.

"The PN knows all of them. You know most of the street families and children you have to be very conversant with them. You have to be familiar with them. I cannot just go to Kipsongo, those are some of the areas where we have families living. I might not be allowed to get in but [the PN] will be allowed and communicate with them so well. So, they need somebody whom they know very well before they disclose anything to you."
-Healthcare Practitioner, Kitale

Conclusion

The research team is struck by the **overwhelming positive feedback** regarding the PN intervention. The findings highlight that PNs are providing **life-saving supports** to youth who are homeless and street-connected. Having PNs focused on linking SCY to care is a unique and highly valued role for AMPATH staff and community. Having the PNs as members of the AMPATH team has expanded what the health network is able to achieve in communicable diseases outreach, particularly with this hard-to-reach and marginalized population of youth.

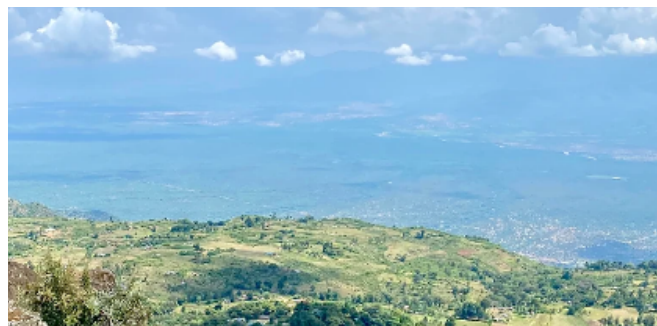


Members of the Peer Navigator Project team from Canada and Kenya tour the Kitale site in November 2022.

Therefore, we see strong evidence that this is a highly successful intervention. Given that research funding is time-limited, our first and key recommendation is to consider opportunities for funding the PNs who are SCY-focused as a permanent position.

Recommendations

Based on the mid-term evaluation of the PN intervention data, the research team recommends the following:



01

Sustain the PN positions

- Identify permanent position funding
- Commit to ongoing, SCY-focused health promotion and disease prevention
- Consider capacity by increasing the number and diversity of PNs across AMPATH facilities

02

Enhance Role Clarity

- Maintain a broad, flexible and expansive approach to the PN role
- Ensure the existence and ongoing supportive supervision from within AMPATH for all PNs
- Develop communication pathways between AMPATH staff and PNs that support the PN's outreach capacities

03

Ensure Role Equity

- Ensure all peer-based positions are paid equitably in comparison with other staff
- Ensure the PNs are valued as integral and unique members of the care team
- Provide adequate support and resources to the PN to ensure fair workload and prevent burnout

04

Raise Awareness

- Advocate to end stigma towards SCY within AMPATH and in broader community
- Conduct regular PN intervention evaluations
- Share evaluation findings broadly with relevant stakeholders and communities

"But about [the PNs] they are very key, they are very key in our retention of street families. So, I just hope that they be available always." -Healcare Provider, Eldoret

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